

My Better Benefits

Application for Individual/Family Membership

PLEASE CAREFULLY PRINT OR TYPE

Your Name: _____

Address: _____

City: _____ State: _____ Zip Code (+4): _____ - _____

Tel (w/ext): _____ **E Mail:** _____
(*very important* – all communication is done via e-mail)

Your employer: _____

(If Applicable)

Please Note: If you refer a company to mBB that joins our organization as a result of your referral, you may be eligible for a referral reward. You can recruit the company you work for, or help us to recruit a company that might join mBB as a vendor.

Your dues entitle you to all the benefits of the mBB. They are due upon receipt of this application. Once we receive your dues, we will mail or e-mail you information about your mBB membership for the year.

Individual/Family dues (they are one and the same) are \$10.00. Membership is effective for the calendar year, January – December, and is not pro-rated.

Your Signature

Date

my Better Benefits
395 Garnsey Road
Pittsford, NY 14534-4543

(585) 713-3370
mbb@rochester.rr.com

If you wish to charge by credit card, please return to our site and select the option to “Enroll and Pay Online” at <https://www.mybetterbenefits.org/webstoreindividualmembership.htm>. There is a \$0.53 surcharge for paying by credit card to cover the cost of fees levied by the credit card processor.